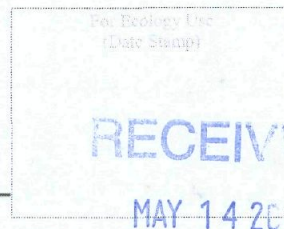




Application for Change/Transfer of Water Right



For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL
SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 5-14-13
CHECK NO. _____ FEE \$ ✓
DATE ACCEPTED 5-14-13 BY SC
CHANGE NO. CS2-30407
COUNTY Kirkland WRIA 14
SPECIAL AREA _____

SEPA: ☐ EXEMPT ☐ NOT EXEMPT

ECY CODING: 001-002-WR10285-000011

APP NO. _____ PERMIT NO. _____

CERT NO. _____ CERT OF CHG NO. _____

☐ I have participated in a pre-application conference with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
<u>Dennis Crawford</u>	<u>360-239-1443</u>	<u>360-866-6400</u>
ADDRESS		
<u>3826 6th Ave. N.W.</u>		
CITY	STATE	ZIP CODE
<u>Olympia</u>	<u>WA</u>	<u>98502</u>
EMAIL ADDRESS (IF AVAILABLE)		
<u>djmonica@comcast.net</u>		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
<u>SAME AS ABOVE</u>		
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
<u>S2-30407</u>	<u>Dennis and Monica Crawford</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

CS2-30407

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
SUMMIT LAKE	1	NE	SW	8	18	3W	77100001800	
							8800	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME: _____

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
SINGLE DOMESTIC SUPPLY (IN-HOUSE USE ONLY)	.02 CFS	.34	.34 Acre-feet per year YEAR ROUND, AS NEEDED

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
SINGLE DOMESTIC SUPPLY (IN-HOUSE USE ONLY)	.02 CFS	.34	YEAR ROUND, AS NEEDED

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
SUMMIT LAKE 1P PALISADES BLOCK LT 43 012022							
TAX PARCEL No. 77100204300							
Address: 1234 Summit Lake Shore Rd. NW							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NE	SW	8	18	3W	THURSTON	77100204300	1.3
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
SUMMIT LAKE 1P PALISADES BLOCK LT 40 012022							
TAX PARCEL No. 77100204000							
Address: 1222 Summit Lake Shore Rd. N.W							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NE	SW	8	18	3W	THURSTON	77100204000	.99
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME: _____							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☐ ES ☒ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

ATTACHMENT FOR
Application for Change/Transfer of Water Right

Point(s) of Diversion/Withdrawal - ☒ Existing ☐ Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
SUMMIT LAKE	1	NE	SW	8	18	3W	77100008800	

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☐ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____

Purpose(s) of Use - ☐ Existing ☒ Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
SINGLE DOMESTIC	.02	.34	YEAR ROUND
SUPPLY			AS NEEDED
(IN-HOUSE USE ONLY)			

Place of Use - ☐ Existing ☒ Proposed:

LEGAL DESCRIPTION OF LANDS							
SUMMIT LAKE 1P PALISADES BLOCK LT 40							
012022.							
TAX Parcel No 77100204000							
Address: 1222 Summit Lake Shore Rd. N.W.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NE	SW	8	18	3W	THURSTON	77100204000	

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____




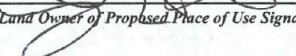
6. Remarks and Other Relevant Information:

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>Dennis J. Crawford</u> Applicant Printed Name - Title	 Applicant Signature	<u>5/11/2013</u> (Date)
<u>Dennis J. Crawford</u> Water Right Holder Printed Name	 Water Right Holder Signature	<u>5/11/2013</u> (Date)
<u>Dennis J. Crawford</u> Land Owner of Existing Place of Use Printed Name	 Land Owner of Existing Place of Use Signature	<u>5/11/2013</u> (Date)
<u>Dennis J. Crawford</u> Land Owner of Proposed Place of Use Printed Name	 Land Owner of Proposed Place of Use Signature	<u>5/11/2013</u> (Date)

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input checked="" type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____

ATTACHMENT FOR
Application for Change/Transfer of Water Right

Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Dennis J. Crawford  5/11/2013
☒ Applicant Printed Name - Title Applicant Signature
☐ Water Right Holder Printed Name Water Right Holder Signature
☐ Land Owner of Existing Place of Use Printed Name Land Owner of Existing Place of Use Signature
☐ Land Owner of Proposed Place of Use Printed Name Land Owner of Proposed Place of Use Signature

Dennis J. Crawford  5/11/2013
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☐ Applicant Printed Name - Title Applicant Signature / /
☐ Water Right Holder Printed Name Water Right Holder Signature (Date)
☐ Land Owner of Existing Place of Use Printed Name Land Owner of Existing Place of Use Signature
☐ Land Owner of Proposed Place of Use Printed Name Land Owner of Proposed Place of Use Signature

☐ Applicant Printed Name - Title Applicant Signature / /
☐ Water Right Holder Printed Name Water Right Holder Signature (Date)
☐ Land Owner of Existing Place of Use Printed Name Land Owner of Existing Place of Use Signature
☐ Land Owner of Proposed Place of Use Printed Name Land Owner of Proposed Place of Use Signature

☐ Applicant Printed Name - Title Applicant Signature / /
☐ Water Right Holder Printed Name Water Right Holder Signature (Date)
☐ Land Owner of Existing Place of Use Printed Name Land Owner of Existing Place of Use Signature
☐ Land Owner of Proposed Place of Use Printed Name Land Owner of Proposed Place of Use Signature



INSTRUCTIONS FOR
Application for Change/Transfer of Water Right

RECEIVED

MAY 14 2013

We encourage you to contact the Ecology Regional Office in your area to request a **pre-application conference** PRIOR to filing your application. Contacts are listed on the last page of these instructions.

Please type or print clearly in ink

Introduction: You must file an application for change or transfer of water right together with the required fees with the Department of Ecology to propose certain changes to an existing water right or claim. This application may be filed with a County Conservancy Board – the Department of Ecology application fee is not required if filed with a County Conservancy Board; however additional fees will be required. General information about the process and considerations involved in making changes to water rights is available from each Ecology region office. Once an application is filed, a public notice is prepared for publication in at least one designated newspaper at your cost, and the application is made available for review.

- You **must** provide the information requested in this application, as it relates to your proposed change, or the application will be returned to you for completion.
- Spaces bordered with a dark outline are for office staff use in processing the application. Please do not mark within those spaces.
- This application requests information about your actual water use and the changes you propose to make. Please **do not** simply copy information about your water use from a water right document. Inaccurate information about your water use may cause substantial delays in processing a decision on your application.
- If additional space is required, you may attach additional sheets of paper or use the Application Attachment Form that is available at any Ecology regional office or from any County Conservancy Board.

A County Conservancy Board is a board established by the County Commissioners and authorized by Ecology to accept and make recommendations for approval or denial of an application for Change or Transfer of a Water Right. Statutory authority for County Conservancy Boards can be found within Chapter 90.80 RCW.

Applications for Change of Water Right are subject to the State Environmental Policy Act, Chapter 43.21C Revised Code of Washington and Chapter 197-11, Washington Administrative Code.

Check the type of change proposed: For your convenience, boxes are located within the upper left-hand corner on the first page of the application form. The following are instructions for completing the boxes that indicate the type of changes that are proposed. The boxes found on the application form are shown in example No. 1.

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☐ Change point(s) of diversion/withdrawal
- ☐ Add point(s) of diversion/withdrawal
- ☐ Change/transfer place of use
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

Example No. 1

Check the boxes to indicate the changes that are proposed. You may mark as many types of changes as are appropriate, but you must mark at least one box. If none of the boxes provided appear to represent the change or transfer that you wish to propose, please contact the appropriate regional office shown on the last page of the form for assistance. If you mark “other,” you **must** describe the change that you propose. Possible explanations are that the application proposes “consolidation” of a water use exempt from permitting requirements with a water system for which a certificate of water right has issued; that the application proposes to “intertie” two or more public water supplies; or that you propose to enter a water right into the “trust water right program.” The space for explanation may also be used to further explain any proposed change. If additional space is needed to fully explain the intent of the application you may add attachments.

In the following, the number preceding the instruction refers to the corresponding section of the application.

1. Applicant Information: Provide the name in which the application is being filed and the mailing address and telephone number(s) through which the applicant may be reached. The address and phone number provided will be the only address that will be used to contact the applicant unless an alternate contact person is listed.

Provide the name of the person(s) that should be contacted regarding the application, if contact should be made to someone other than the listed applicant. If a contact person(s) is identified, provide their mailing address and telephone number. If a contact name is provided, all mail concerning the application will be directed to the contact person unless amended by the applicant.